

Name
in
Full

Caroline Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Month	Days
Sex	Color of Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Stephen Bailey		
Father's Name	Samuel Walsom		Father's Birthplace	Md	
Mother's Maiden Name	Caroline Walsom		Mother's Birthplace	Md	
Name of person giving information	Audrey Bailey		How related to deceased	Saw	

CAUSES OF DEATH

154

How long

Primary

General Debility

6 mos

Immediate

General Debility

6 mos

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

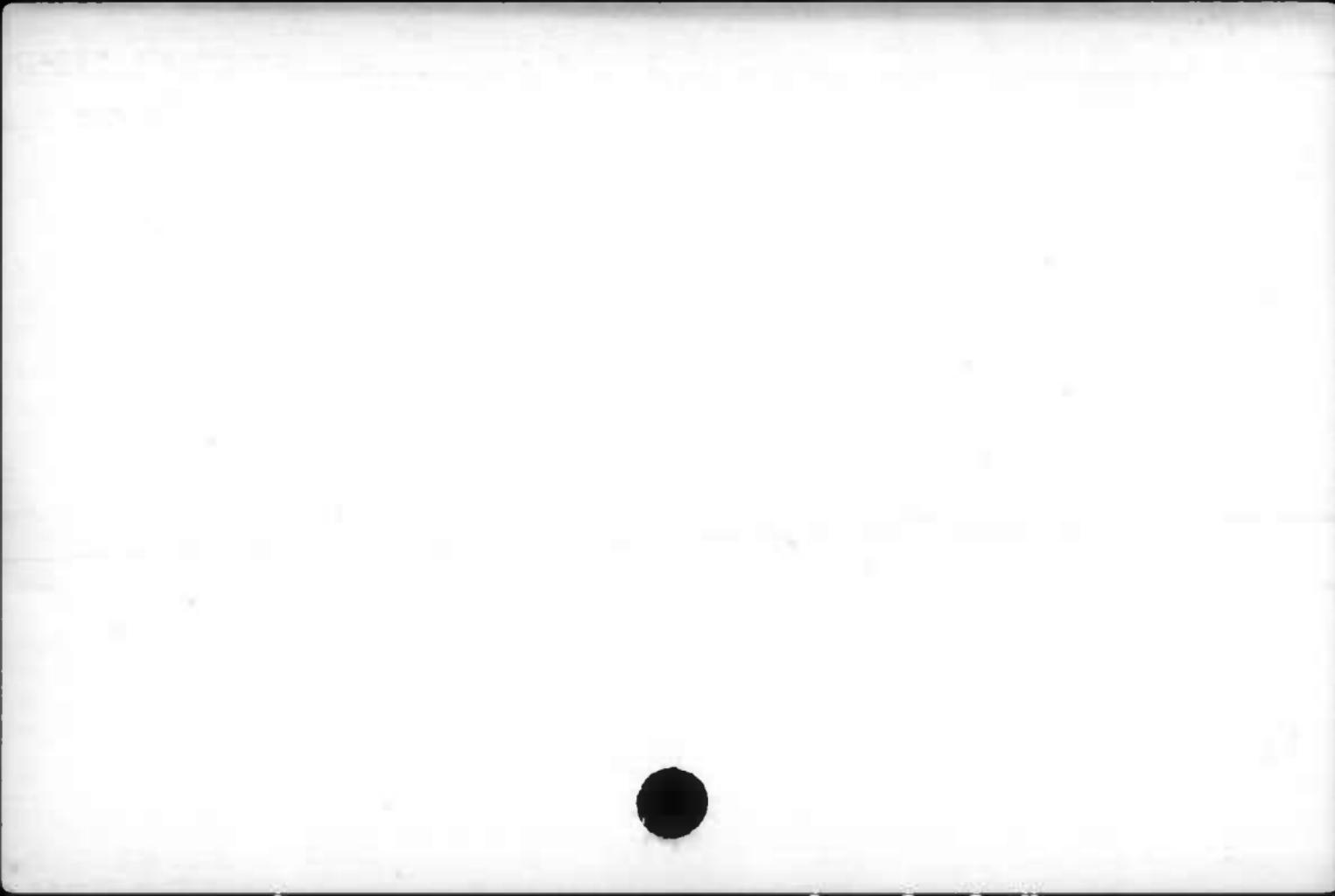
Addressee

J. M. Miller

Denton Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Claude E Chaffinck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Md.	
Father's Name	John Chaffinck		Mother's Birthplace	Md.	
Mother's Maiden Name	Ida Smithland		How related to deceased	wife	
Name of person giving information	Davidson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Measles

Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

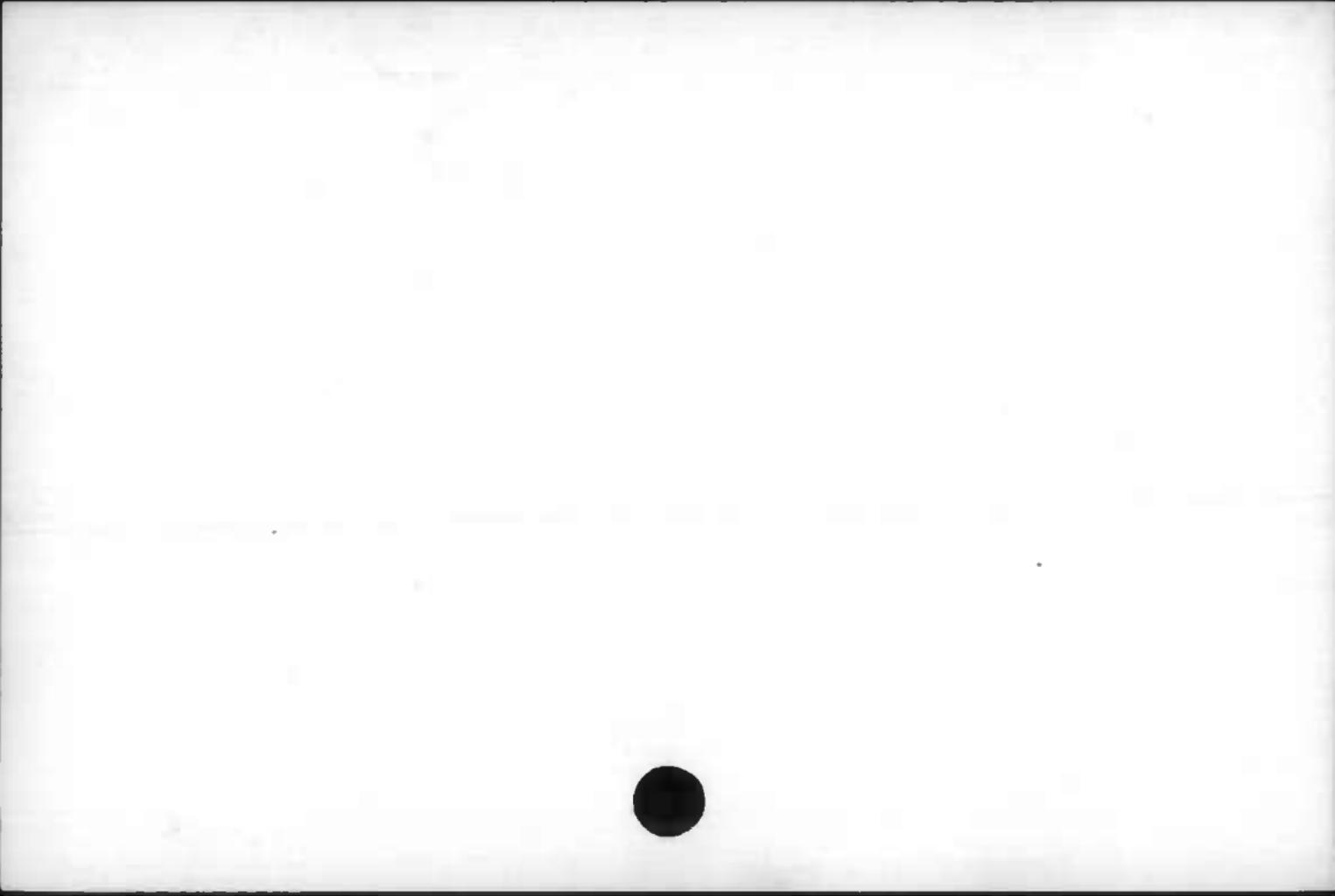
Signature of Physician

J. N. Nichols

Address

Dawson Md.

Accident or Suicide



Name
in
Full

william David Diefenderfer

CERTIFICATE OF DEATH

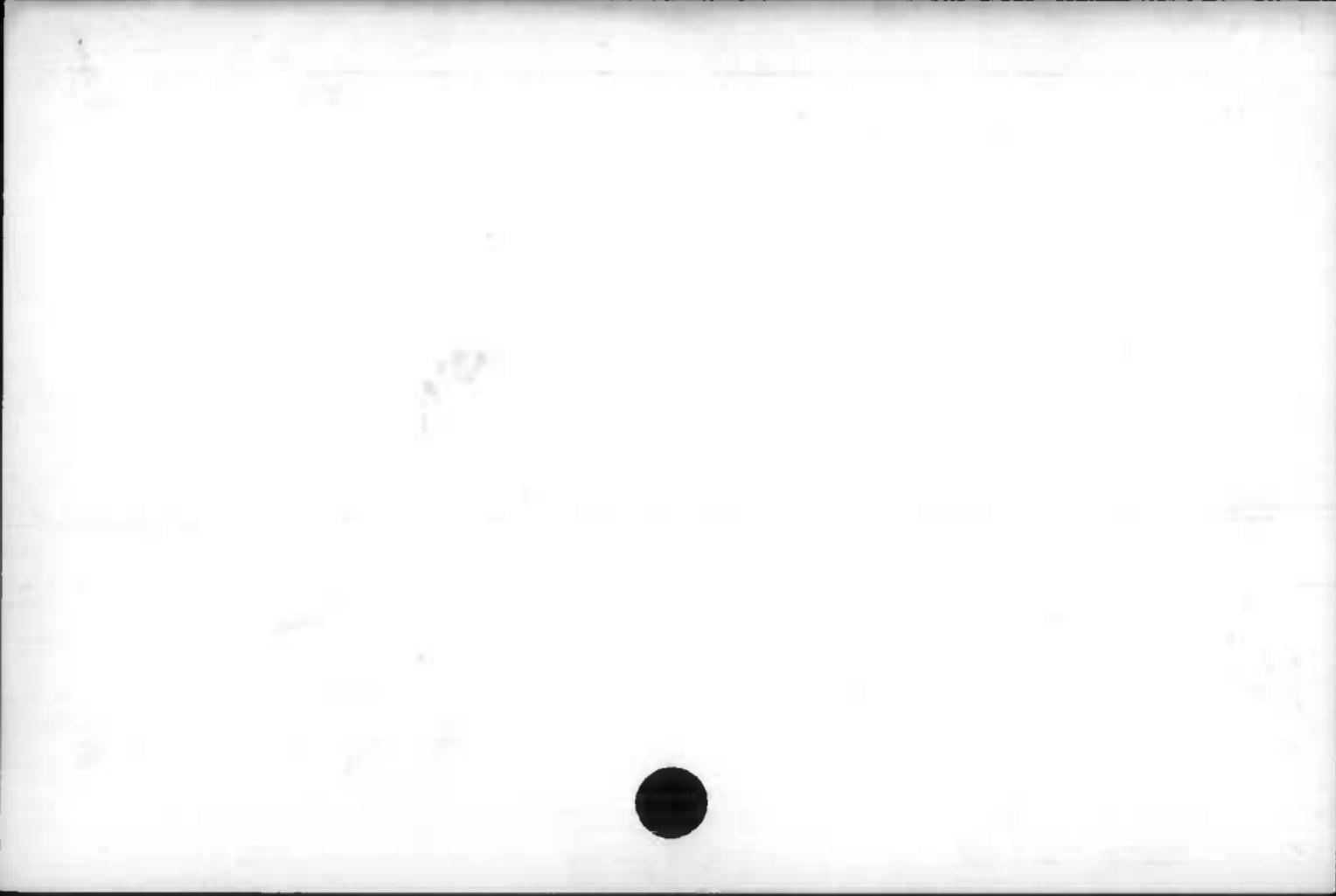
TO BE ANSWERED BY
NEAREST FRIEND

Town	County,	MARYLAND
Died at Ridgely.	caroline.	
Date of death 1909 Dec. 14	Years 4	Months 6
Month	Day	Days 11
Sex male	Color or Race white	Birth-place md.
Occupation child	Where Residing if not et place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name F W Diefenderfer.	Father's Birthplace Penn.	
Mother's Maiden Name Stella E Diefenderfer	Mother's Birthplace Md.	
Name of person giving Information Father	How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hooping cough	How long 7 weeks.
Immediate Pneumonia	How long 3 days.
Are the name, age, sex, color, date and place correctly given above ?	Signature of Physician H.N. Rickards
yes	Address Ridgely. md
Accident or Suicide	



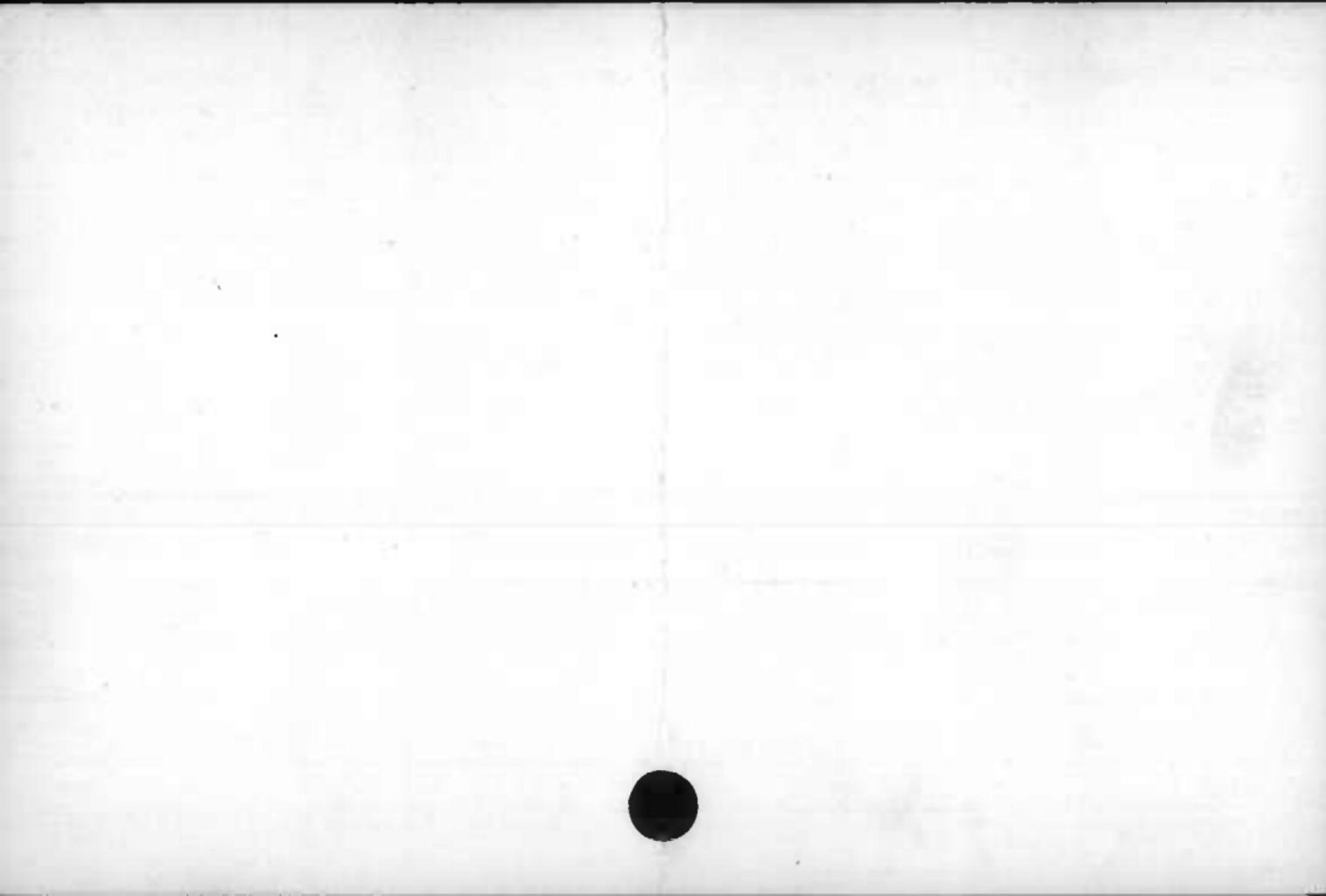
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Ralph J Evernham					CERTIFICATE OF DEATH	
Died at	Town	Caroline	County		MARYLAND	
Date of death	Month	Day	Years		Months	Days
1909	Dec	9	Age		4	
Sex	male	Color or Race	white	Birth-place	md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Peter Evernham	Father's Birthplace	md			
Mother's Maiden Name	Ida Dignall	Mother's Birthplace	md			
Name of person giving Information	Peter Evernham	How related to deceased	father			
CAUSES OF DEATH						
Primary	measles	How long	6			
Immediate		How long		1 week		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R Kemp Jefferson			
		Address	Federalsburg			
Accident or Suicide?			md			

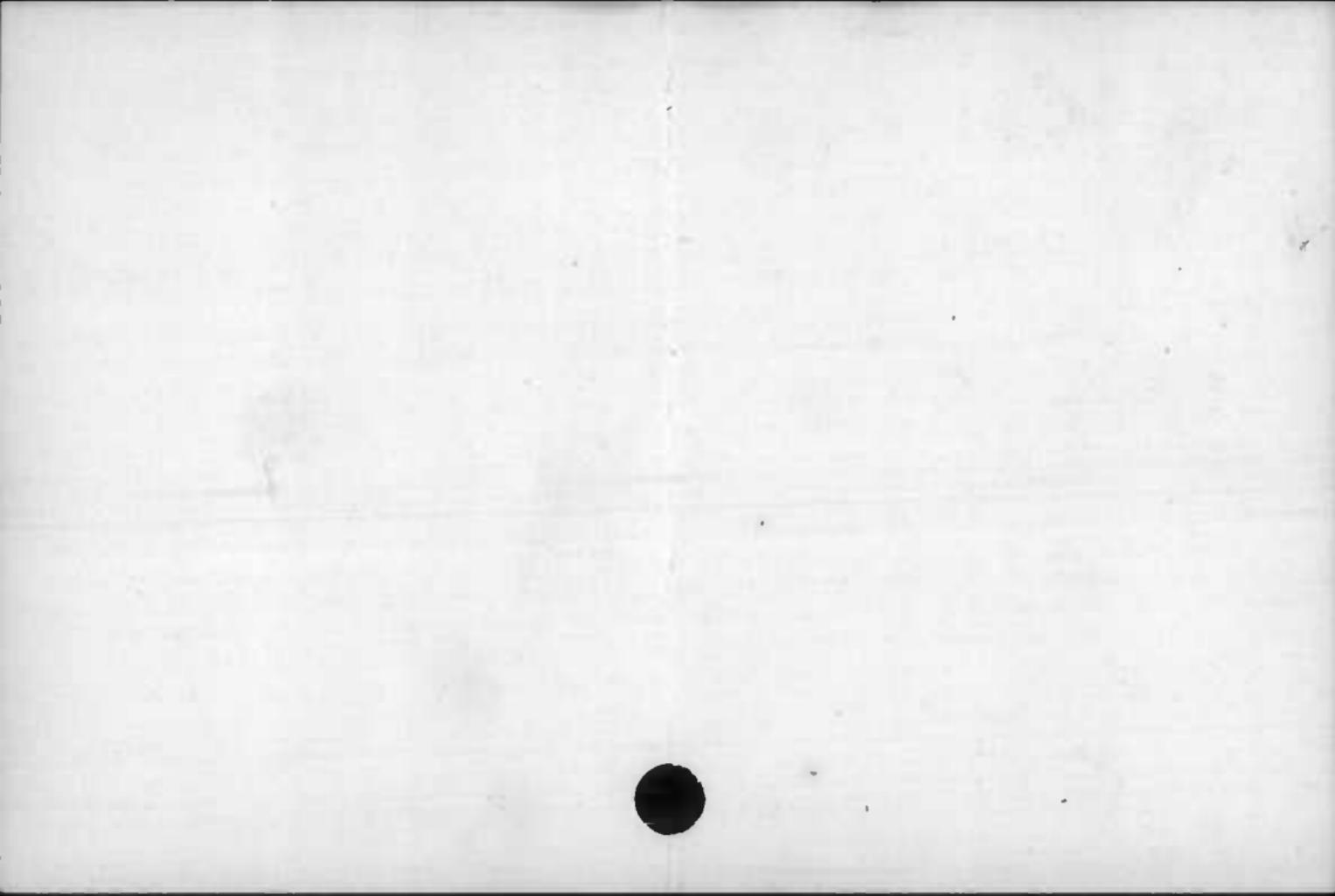


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born Faulkner Twin					CERTIFICATE OF DEATH
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Ridgely					
1909	Aug	7	Age		
Sex	Female	Color or Race	White	Birth-place	Ridgely
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Edgar Faulkner			Father's Birthplace	Md
Mother's Maiden Name	Ella Starkey			Mother's Birthplace	And
Name of person giving information	Edgar Faulkner			How related to deceased	Father
CAUSES OF DEATH					
Primary	Still Born			How long	8
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.C. Madara		
		Address	Ridgely Md.		
Accident or Suicide?					



Name
in
Full

Reavis (stetson) Faulkner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ridgely Month Dec. Day 7 Year Age _____ Month _____ Days _____
Date of death 1909 Sex Male Color or Race white Birth-place Ridgely
Occupation _____ Where Residing if not et place of death _____
Married, Single or Widowed Name of Wife or Husband _____
Father's Name Edgar Faulkner Father's Birthplace Md.
Mother's Maiden Name Ella Stanley Mother's Birthplace Md.
Name of person giving Information Edgar Faulkner How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born

Immediate

Are the name, age, sex, color, date and place correctly given above?

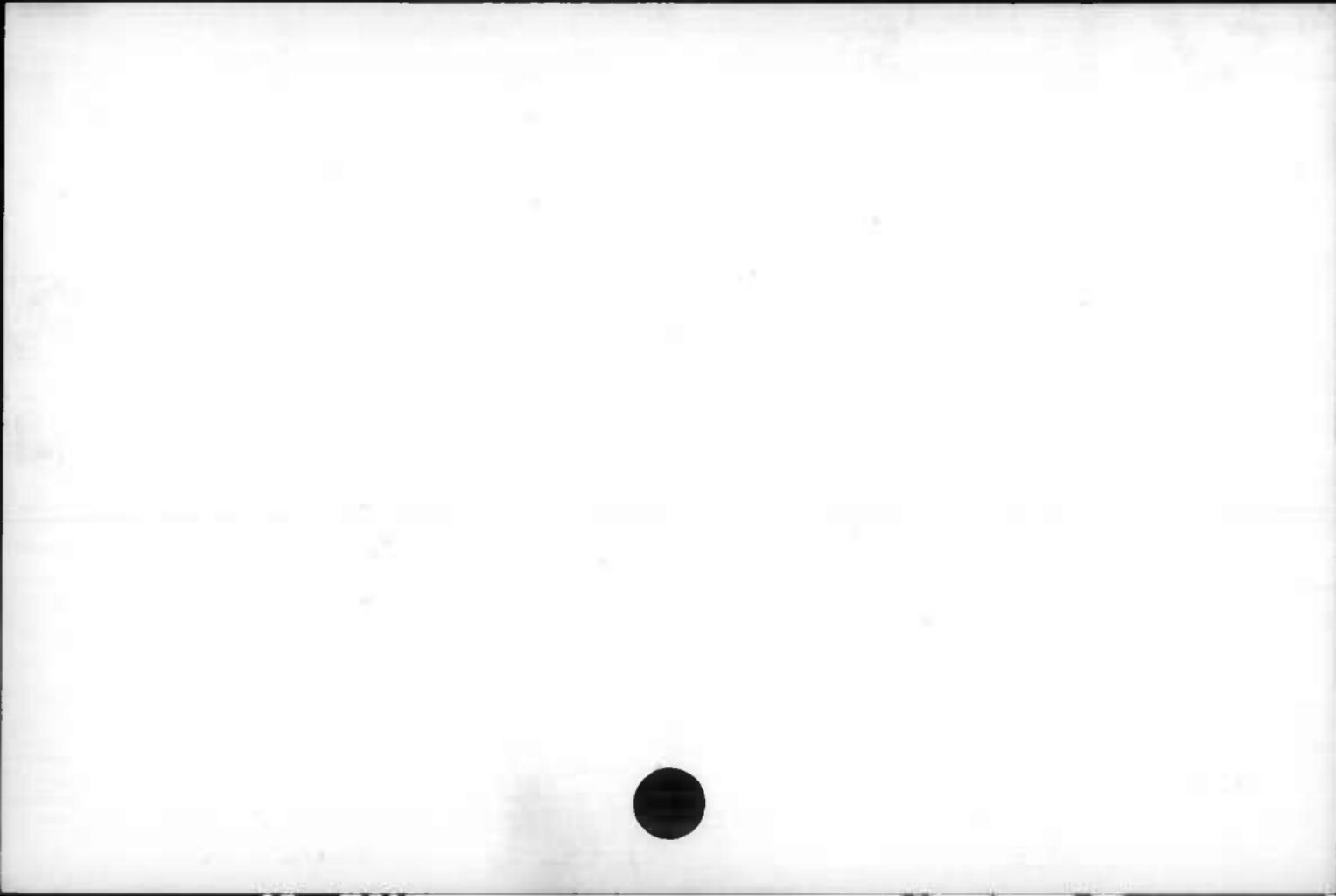
yes

Signature of Physician

Address

J.C. Madara
Ridgely Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Accident or Suicide

Hiram Keap Guesford

CERTIFICATE OF DEATH

Town	County	MARYLAND	
Died at	Locality of death	Months	Days
Date of death 1909	Month Dec - 5	Age 9	Years 2 Months 2 Days 7
Sex Male	Color or Race White	Birthplace	
Occupation Child -	Where Residing if not at place of death		
Married, Single or Widowad Single	Name of Wife or Husband		
Father's Name Hiram Guesford	Father's Birthplace Dela -		
Mother's Maiden Name Mary Ann Cecil -	Mother's Birthplace Dela -		
Name of person giving Information Hiram Guesford	How related to deceased Father		

CAUSES OF DEATH

Primary

Migraine - Coughing Cough

⑥

How long

1 month

Immediate

Pneumonia

How long

10 days

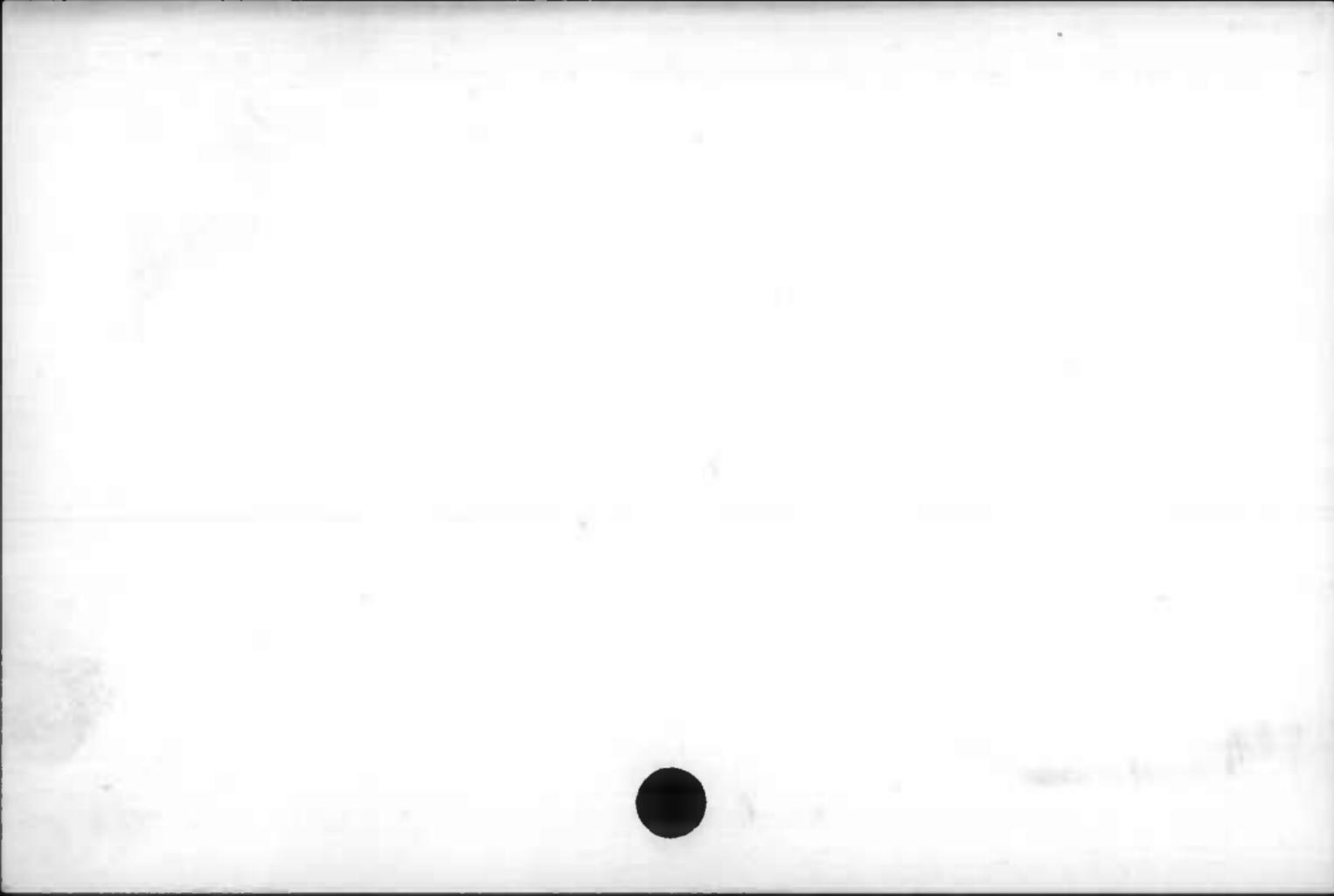
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. S. Stover M.D.
Ridge City
Md.



Name
in
Full

Rosewood Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Mr Bachelder Town Caroline County MARYLAND
Date of death 1909 Dec 7 Month Day Age 3 Years Months 10 Days
Sex Male Color or Race White Birthplace us
Occupation Not any Where Residing if not at place of death Same
Married, Single or Widowed Singel Name of Wife or Husband Not any Father's Birthplace us
Father's Name Albert J Hubbard Mother's Birthplace us
Mother's Maiden Name Mary E MacCormac How related to deceased Father
Name of person giving Information A J Hubbard

CAUSES OF DEATH

Primary

Acute Laryngitis

88

How long

8 days

Immediate

Pneumonia Complication 6 hours

How long

Are the name, age, sex, color, date and place correctly given above?

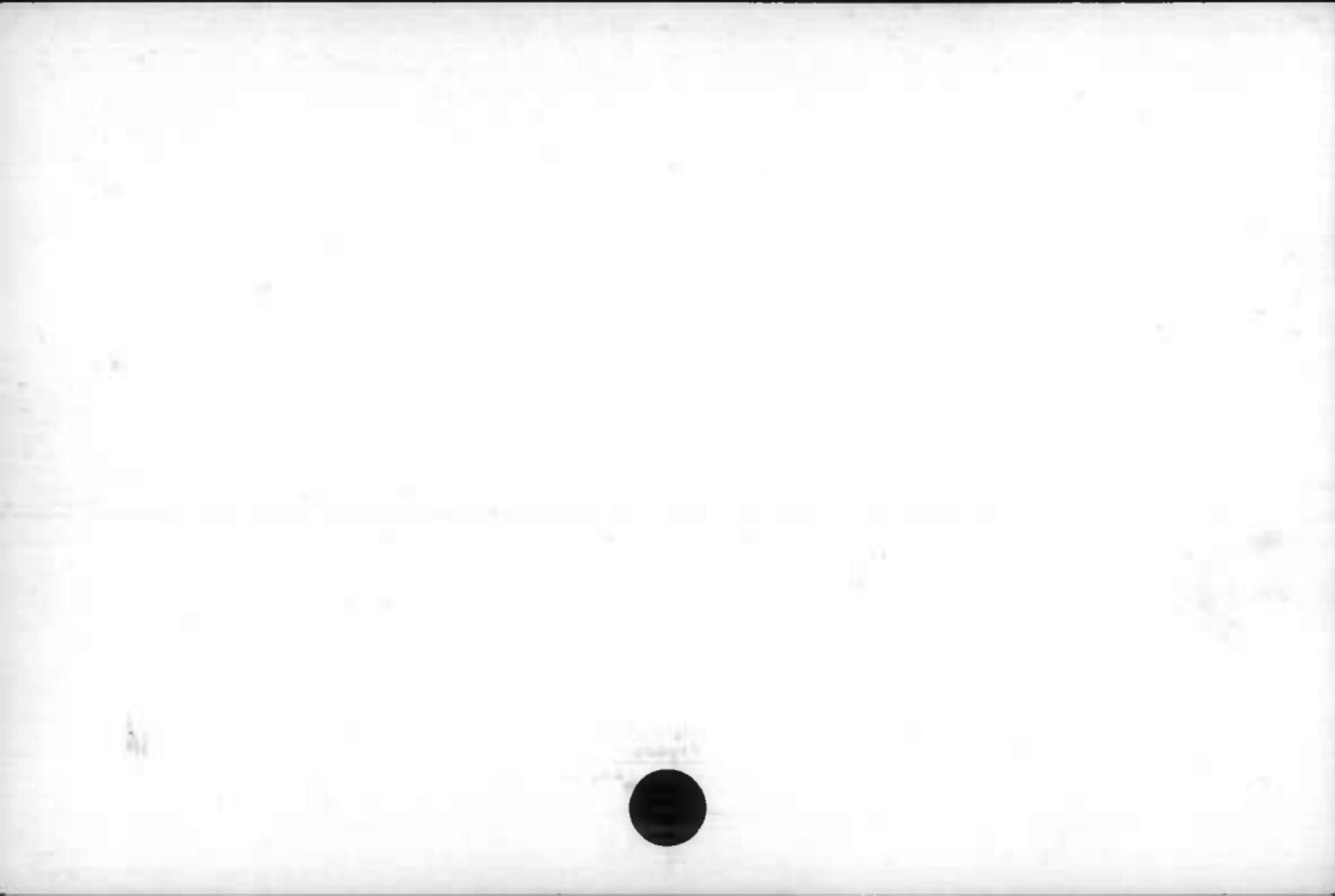
Signature of Physician

Address

Hayward Downes

Preston

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Amie M. Japp

CERTIFICATE OF DEATH

Town	Denton			County	Caroline		
Died at	Month	Day	Years	Month	MARYLAND		Days
Date of death	1909	12	21	Age	45	—	7
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	Housewife			Where Residing if not at place of death	Singer		
Married, Single or Widowed	Married			Name of Wife or Husband	Geo L. Japp,		
Father's Name	John H. Baker			Father's Birthplace	Don't know		
Mother's Maiden Name	Eliza Wragg			Mother's Birthplace	Md.		
Name of person giving Information	Geo L. Japp			How related to deceased	Husband of		

CAUSES OF DEATH

Primary

Cancer of uterus

42

How long

✓
One year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

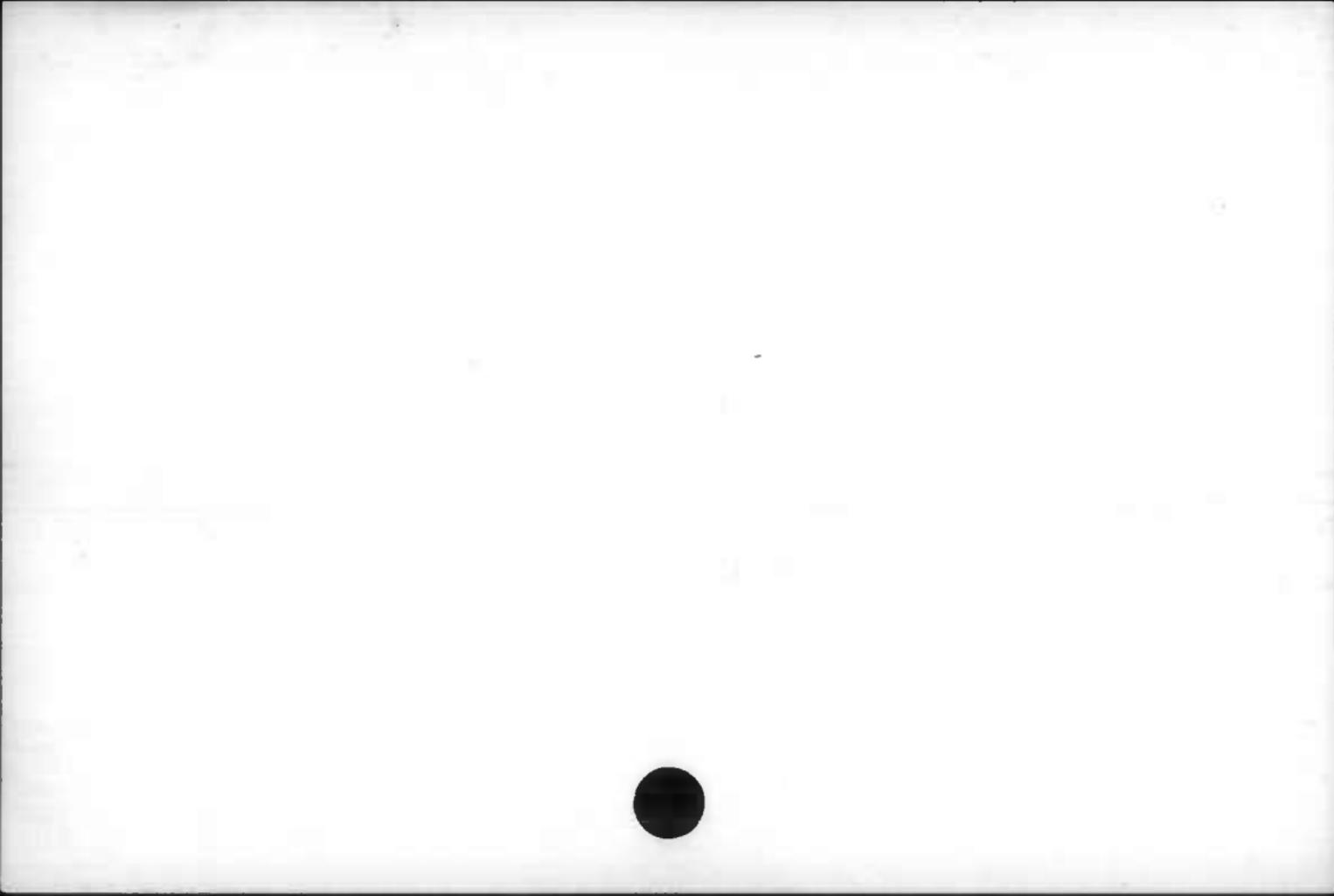
Signature of Physician

Address

P. R. Fisher
Denton
Md

Accident or Suicide

Ms



Name
in
Full

Pauline Lane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Denton County Caroline MARYLAND
Date of death 1909 Month 12 Day 10 Age 1 Years Months 10 Days -
Sex Female Color or Race White Birth-place Denton
Occupation — Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Robert E. Lane

Father's Birthplace Delaware

Mother's Maiden Name Linda Griffin

Mother's Birthplace Md.

Name of person giving Information Robert E. Lane

How related to deceased Father

Delaware
Md.
Father

CAUSES OF DEATH

Primary

Teething, probably.

71

How long

One week

Immediate

Convulsions

1 day.

Are the name, age, sex, color, date and place correctly given above?

Yes.

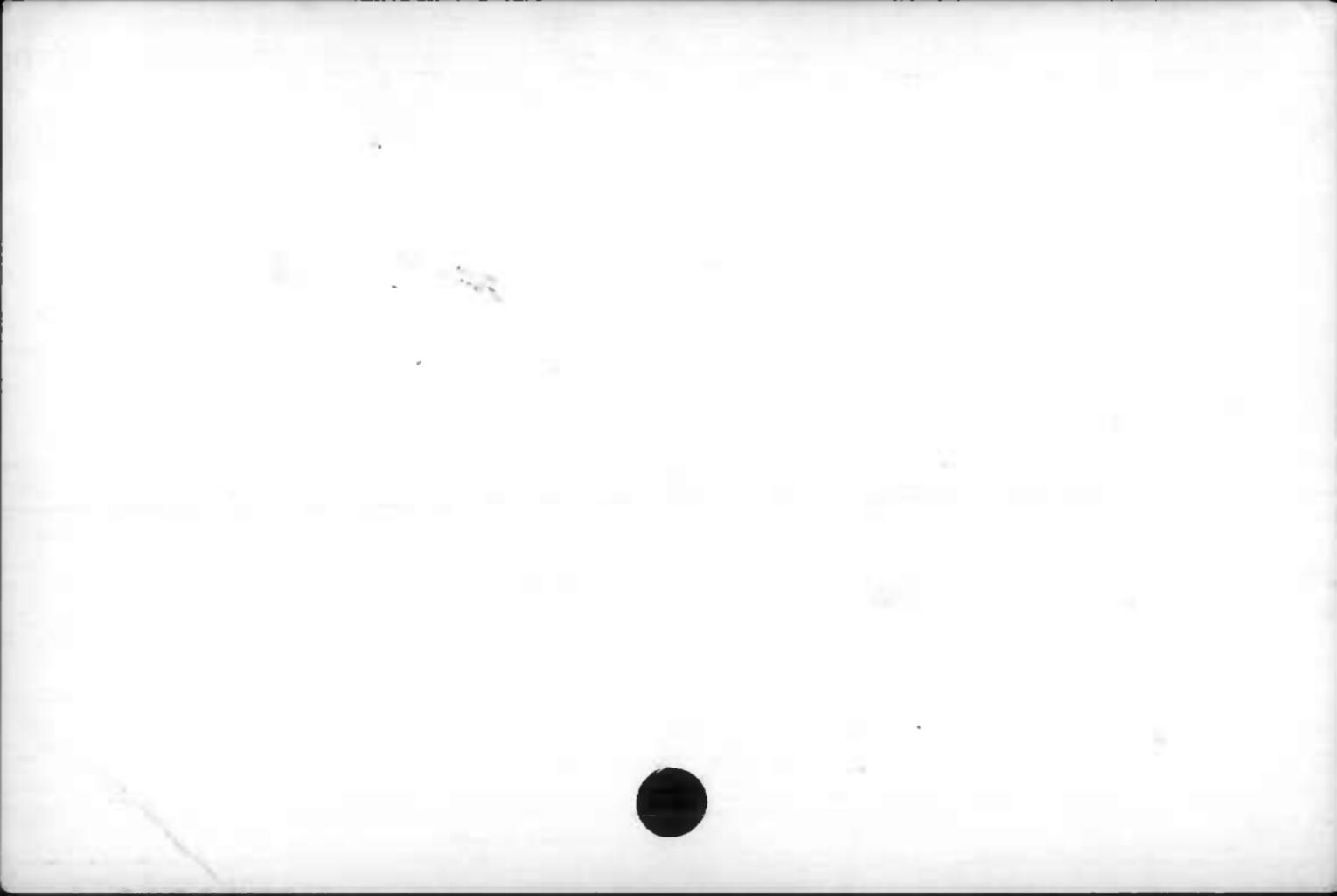
Signature of Physician

Address

G.W. Simmard.

Denton

Accident or Suicide —



Name
in
Full

Joseph Bernard Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at	Greensboro		Caroline		— Days
Date of death	Month	Day	Years	Month	Days
1909	Dec	12	Age 24	1	—
Sex	Color or Race	Male white			
Occupation	Where Residing if not at place of death				
Merriad, Single or Widowad	Name of Wife or Husband				
Single					
Father's Name	John A. Mitchell				
Mother's Maiden Name	Martha Parris				
Name of person giving Information	Cornelius Mitchell				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

①

How long

9 weeks

Immediate

" "

Are the name, age, sex, color, date and place correctly given above?

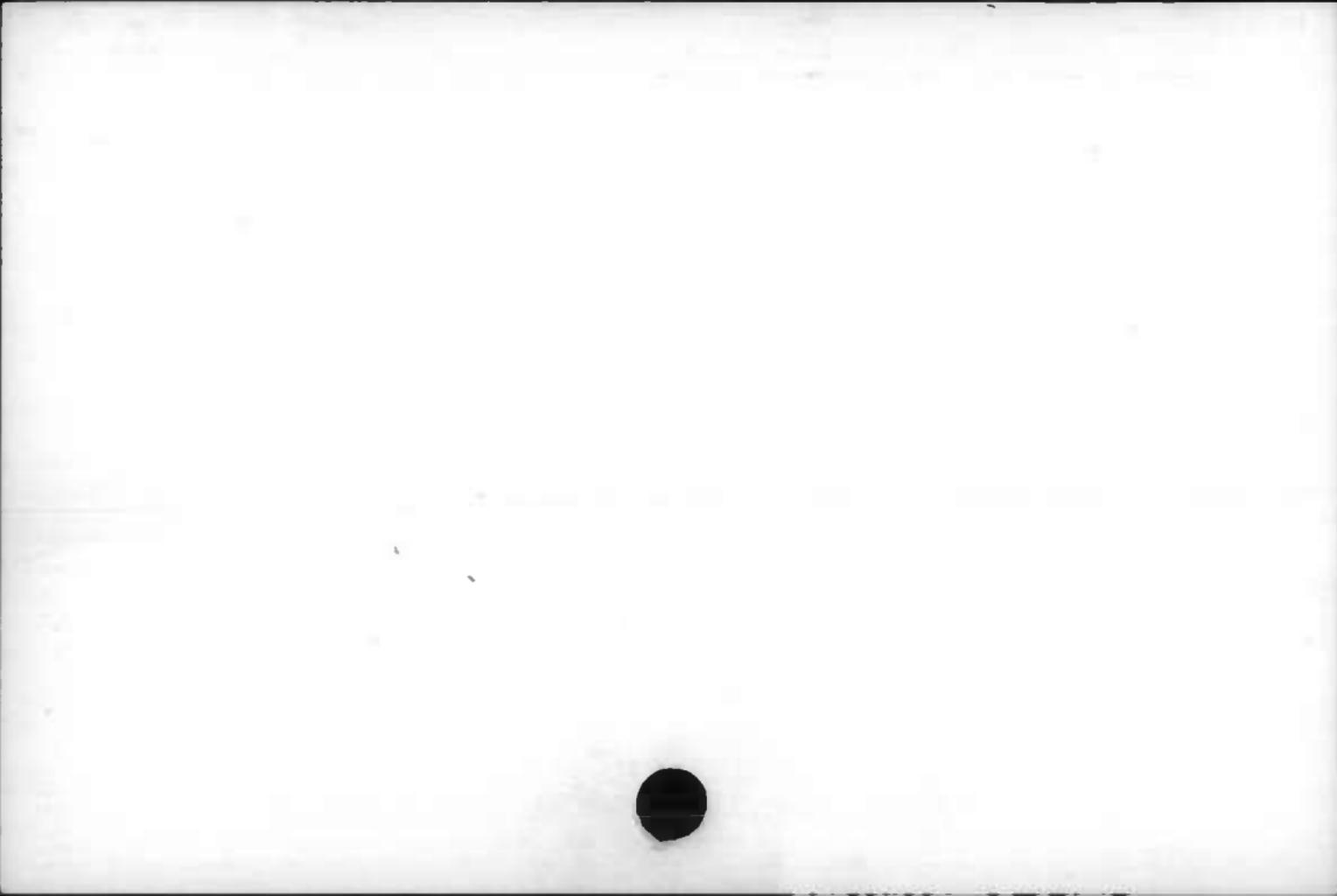
Yes

Signature of Physician

Address

W. W. Foedersburgh
Greensboro, Md.

Accident or Suicide



Name
in
Full

William Needles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Greensboro			Caroline			
Date of death	Month	Day	Years	Months	Days	
1909	Dec	15	Age 47	11	22	
Sex	Male	Color or Race	White	Birth-place	Greensboro	
Occupation	Farmer					Where Residing if not at place of death
Married, Single or Widowed	Widower					
Name of Wife or Husband						
Father's Name	Alexander Needles					Father's Birthplace
Mother's Maiden Name	Annie Davis					Mother's Birthplace
Name of person giving Information	Asier Needles					How related to deceased

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

3

How long

Year

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

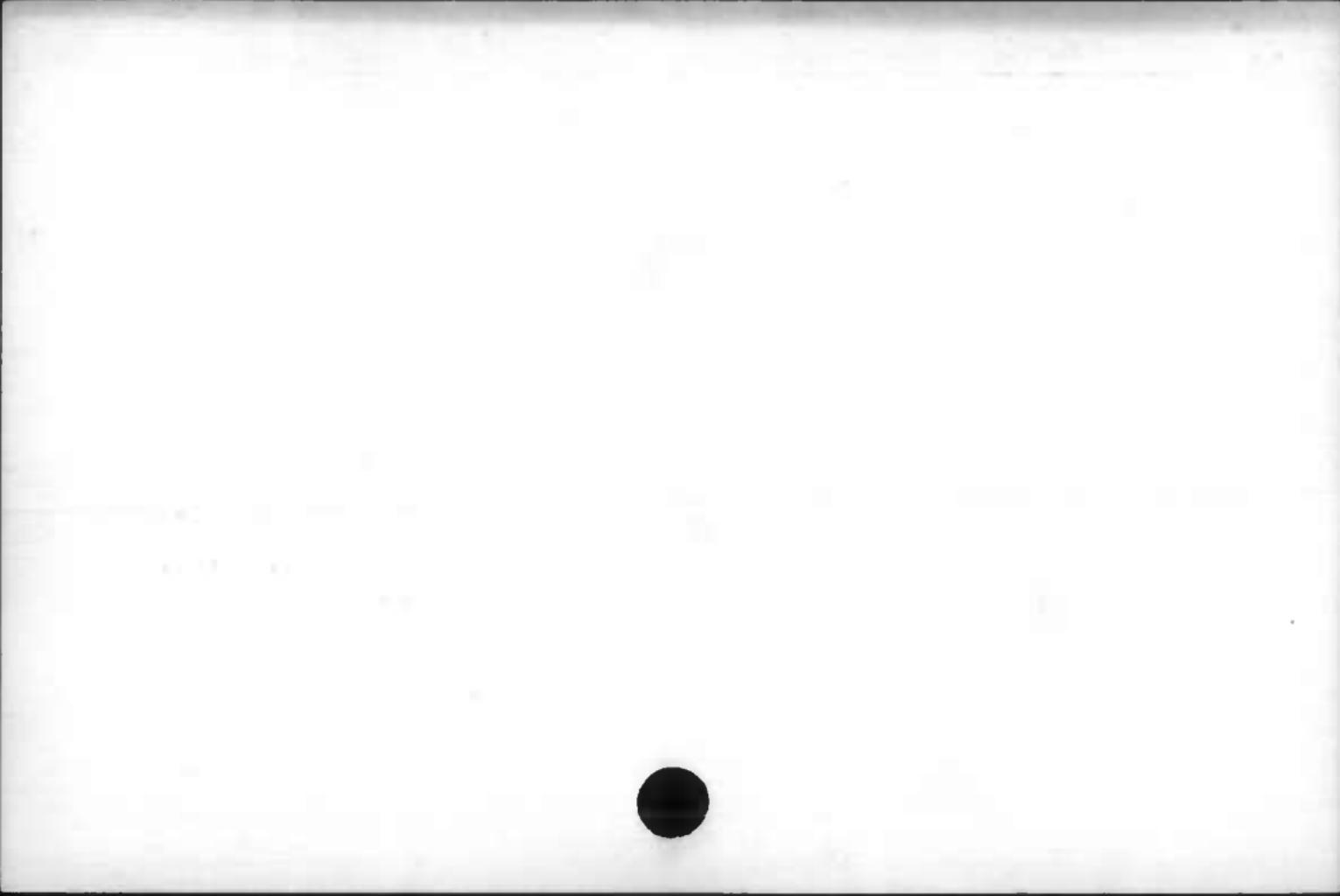
yes

Signature of Physician

Address

W. W. Oldsborough
Greensboro, Md.

Accident or Suicide



Name
in
Full

Samuel Pittman

CERTIFICATE OF DEATH

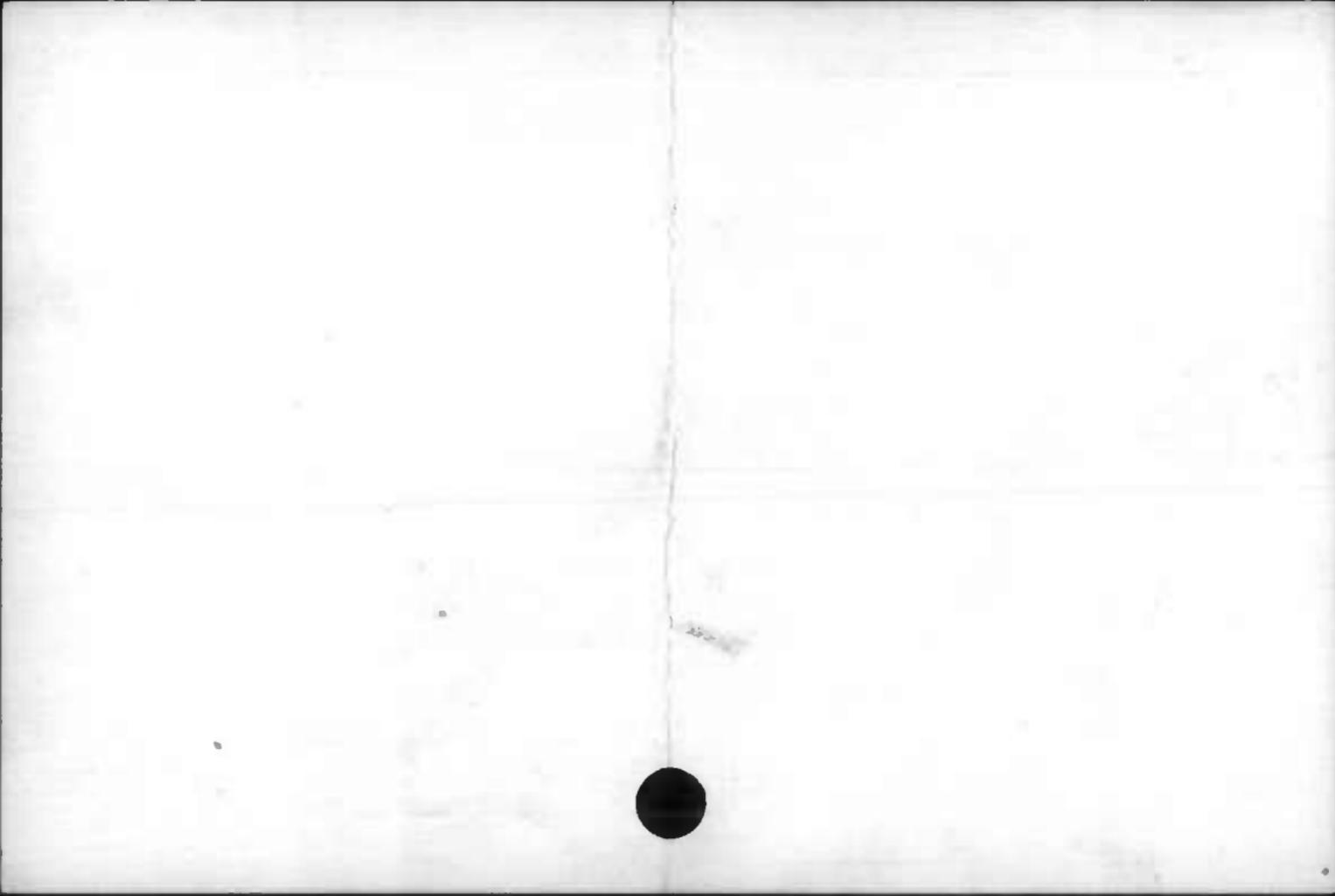
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Federalsburg</u>		Town	<u>Caroline</u>		County	<u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>12</u>	Day <u>23</u>	Age <u>21</u>	Years	Months <u>9</u>	Days <u>11</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Trenton, N.J.</u>					
Occupation <u>Machine man in Lec. Factory</u>			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>David B. Pittman</u>			Father's Birthplace <u>Bucks Co. Pa.</u>				
Mother's Maiden Name <u>Lovisa Stevens,</u>			Mother's Birthplace <u>Dor. Co. Ind.</u>				
Name of person giving Information <u>Burgess Pittman,</u>			How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

Primary <u>Ophthisis Pulmonalis</u>	How long <u>3 yrs.</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above ? <u>Yes</u>	Signature of Physician <u>J. J. Brooks</u>
	Address <u>Federalsburg Md</u>
Accident or Suicide	



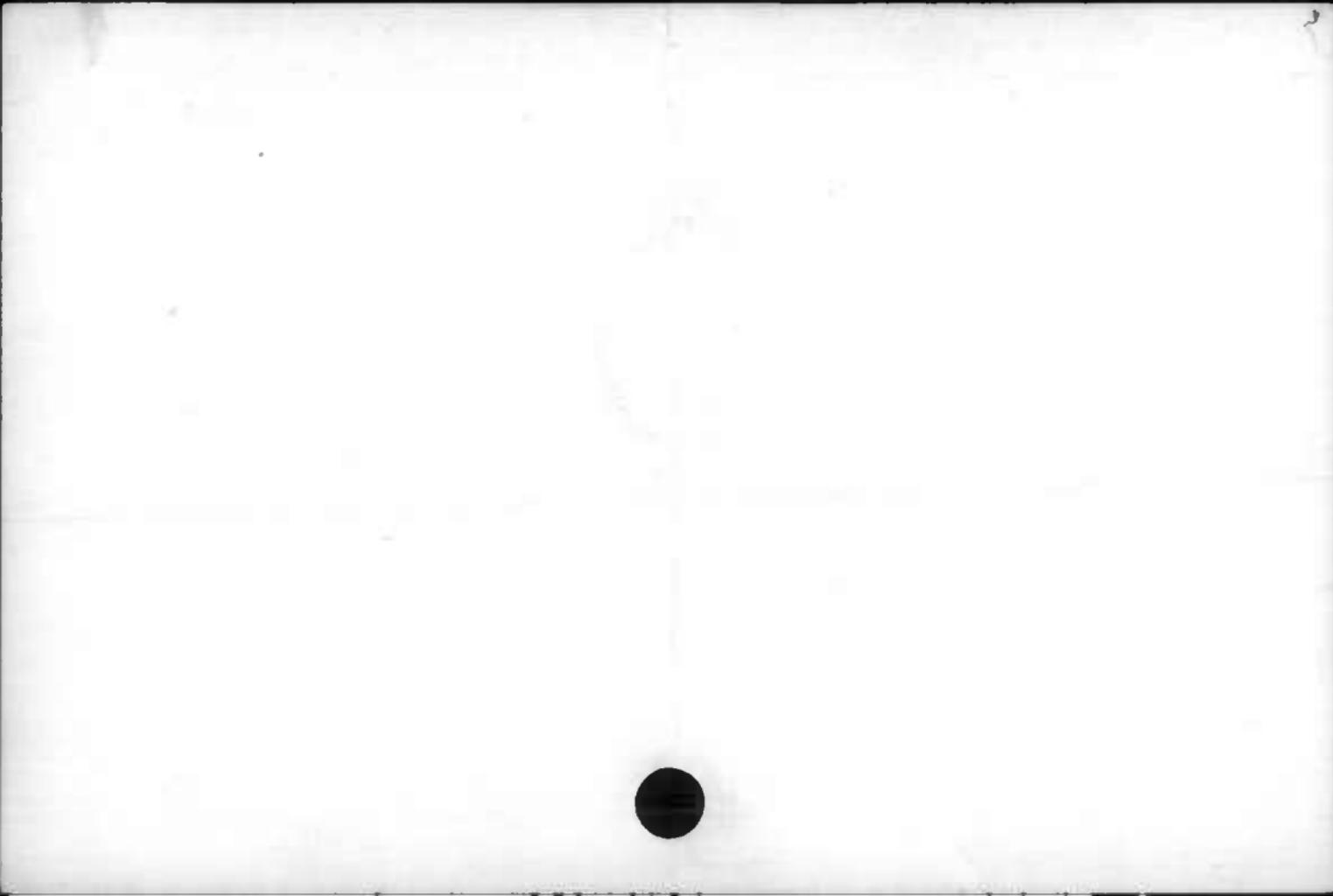
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Federalsburg	Caroline		Months	Days
Date of death	1909 Dec.	12	Age	-11	
Sex	Male.	Color or Race	Black.	Birth-place	Federalsburg
Occupation	Child			Where Residing if not at place of death	
Married, Single or Widowed	Child	Name of Wife or Husband			
Father's Name	James Prattis			Father's Birthplace	Caroline Co
Mother's Maiden Name	Jennie Prattis			Mother's Birthplace	Caroline Co
Name of person giving Information	Jennie Prattis			How related to deceased	Mother
CAUSES OF DEATH				93	
Primary	Pneumonia			How long	
Immediate				1 week	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	F. J. Brooks Co.	
			Address	Federalsburg Caroline Co. Md.	
Accident or Suicide					



Name
in
Full

Joseph Prattis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Caroline			MARYLAND	
Died at	Month	Day	Years	Months	Days
Date of death 1909	Dec	23	Age	11	
Sex	Male	Color or Race	Black	Birth-place	md
Occupation	child	Where Residing if not at place of death			
Married, Single or Widowed	child	Name of Wife or Husband		Father's Birthplace	md
Father's Name	James Prattis			Mother's Birthplace	md
Mother's Maiden Name	Jennie Prattis			How related to deceased	mother
Name of person giving Information	Jennie Prattis				

CAUSES OF DEATH

93

How long

1 week

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

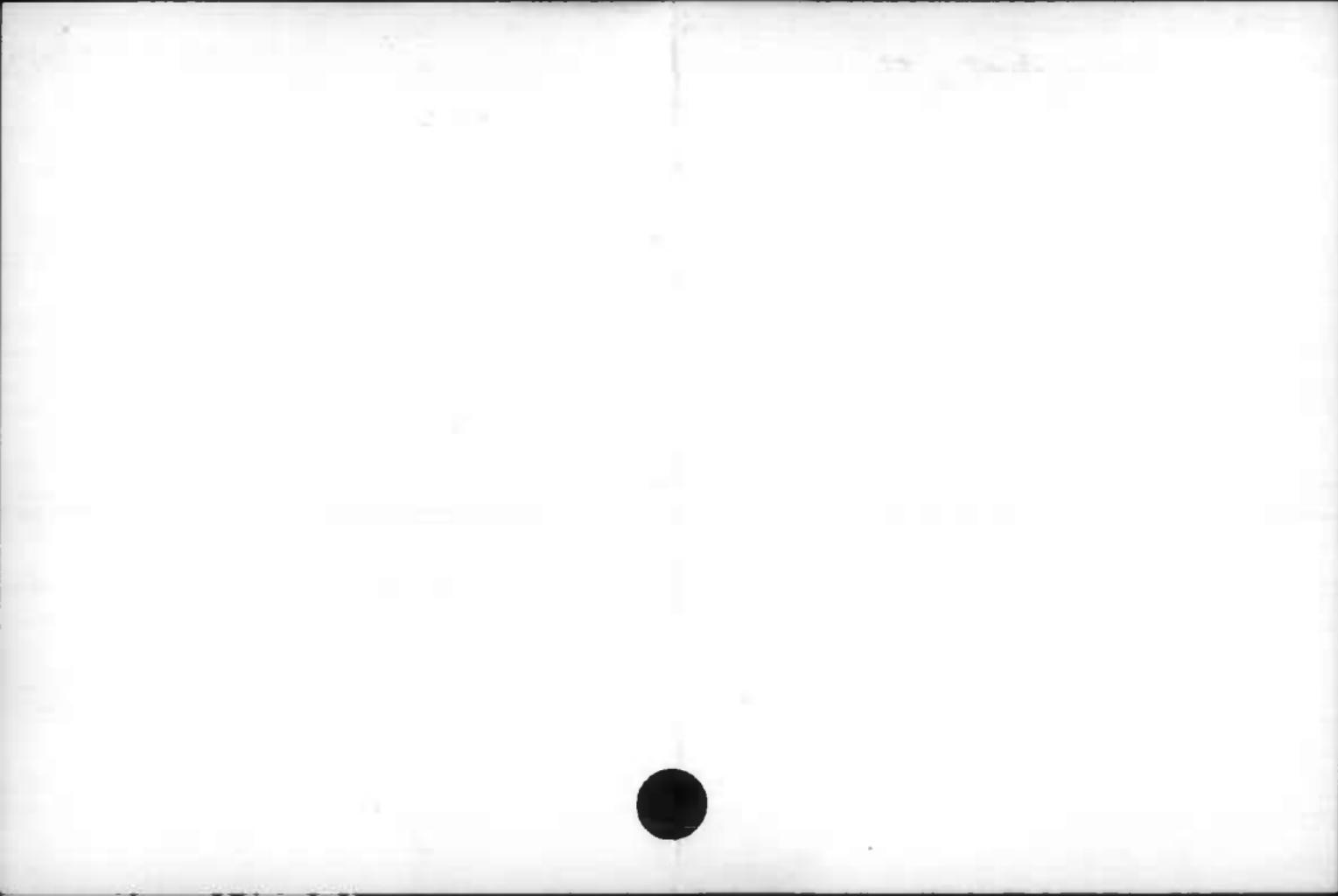
Signature of Physician

H J Brooks

Address

Federalsburg
md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Edgar David Smith
Town Ridgety
County Caroline

MARYLAND

Died at Ridgety Mon. 2 Day 2 Years 4 Month 4 Day 9
Date of death 1909

Sex Male Color or Race White Birth-place Hickman Del
Occupation Child Where Residing if not at place of death Ridgety

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Nathan Smith Father's Birthplace Delaware

Mother's Maiden Name Goldie Adams Mother's Birthplace Delaware

Name of person giving Information Nathan Smith How related to deceased Father

CAUSES OF DEATH

Primary Measles, whooping Cough

(6)

How long

1 month

Immediate Pneumonia

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

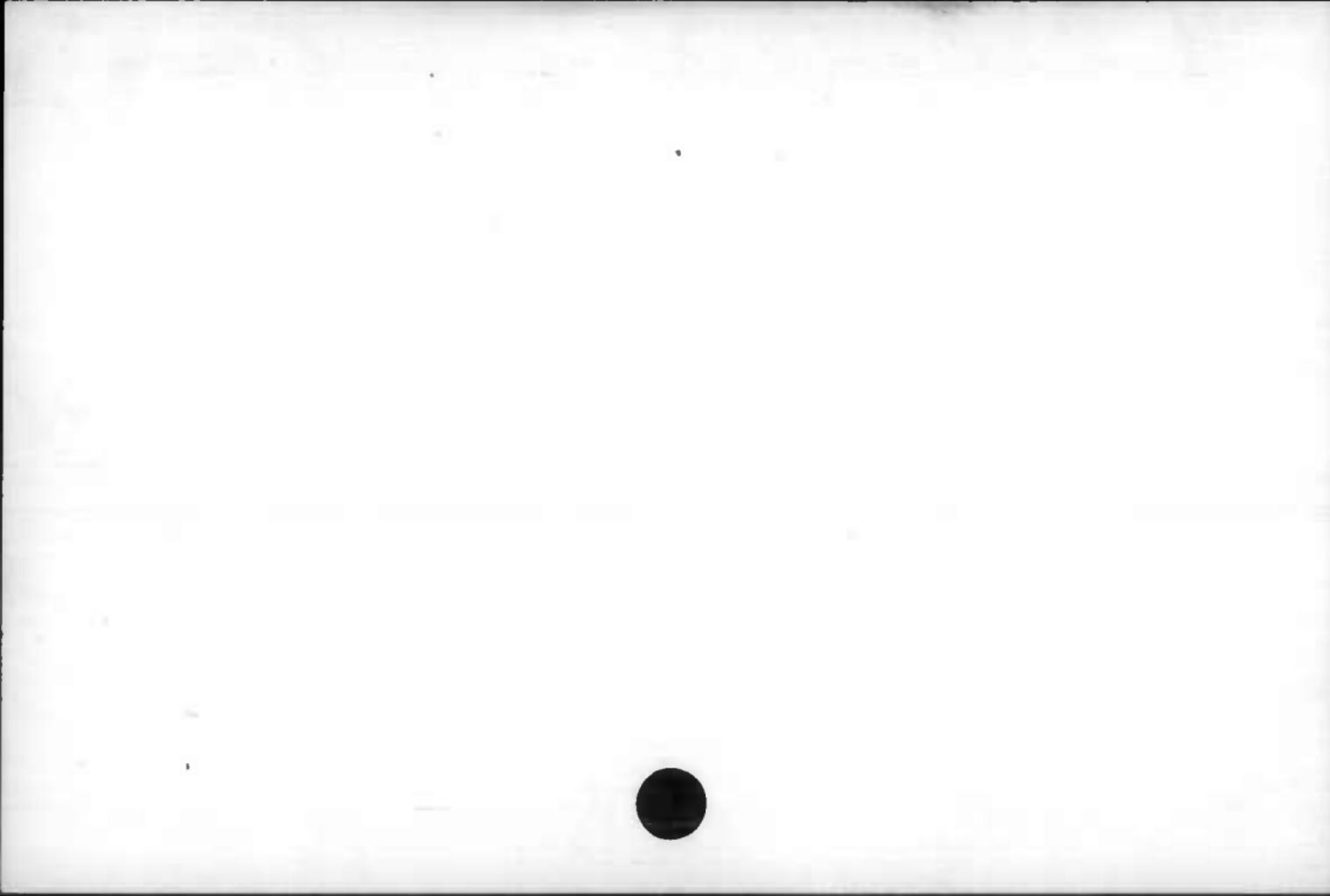
yes

Signature of Physician

Address

J.C. Madara
Ridgeley Md.

Accident or Suicide



Name
in
Full

Sarah Katherine Turbutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Griffins Corner</u>		Town <u>Caroline</u>	County <u>Caroline Co.</u>		MARYLAND	
Date of death	Month	Day	Year	Age	Month	Days
1909	12	12	-	-	5-	7
Sex	Female	Color or Race	white	Birth-place		
Occupation	child	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	now	Father's Birthplace	Md	
Father's Name	Gurney Turbutton	Mother's Maiden Name	Effie Riviner	Mother's Birthplace	Md	
Name of person giving Information	Gurney Turbutton	How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Broncho-pneumonia

(92)

How long

2 weeks

Immediate

Meningitis

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

D. Dr. S. Lovoy, M.D.

Address

Hillwood,
Md

9

Accident or Suicide

No



Name
in
Full

Hilda Morris Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	15	10	15
Occupation	Where Residing if not at place of death			Forsling brother	
Married, Single or Widowed	Name of Wife or Husband	Andrew Jones			
Father's Name	Purnell Todd				Andrew
Mother's Maiden Name	Ella Willoughby				Jones
Name of person giving Information	Andrew Jones				

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

Ranking

8 mos

How long

Immediate

Pulmonary TB

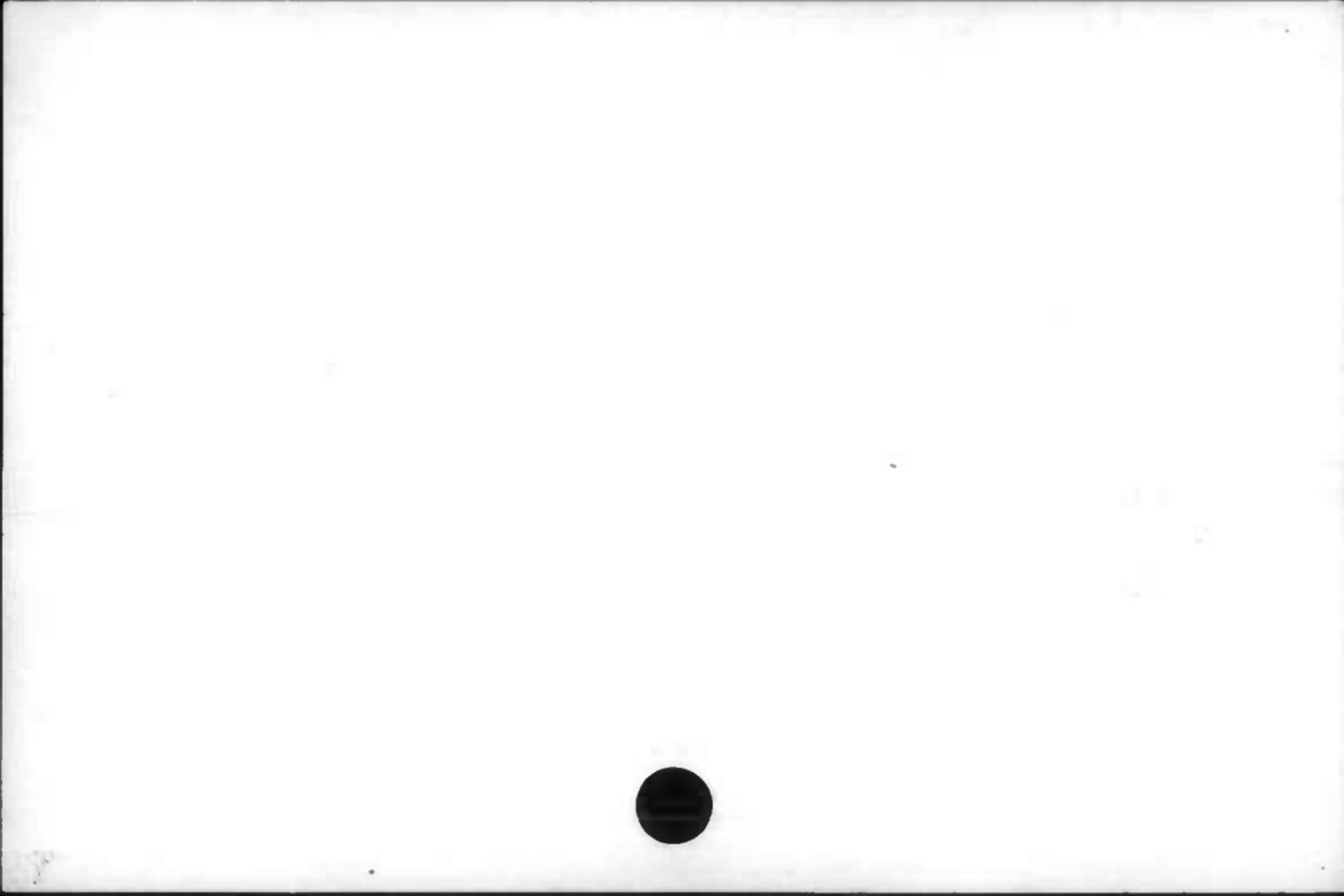
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Raymond Downer
Preston
Md.

Accident or Suicide



Name
in
Full

William H. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND	
Died at Greensboro	Caroline				
Date of death 1909	Month Dec	Day 29	Age 88	Months	Days
Sex Male	Color or Race Black	Birth-place Maryland.			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widow Widower	Name of Wife or Husband				
Father's Name Jelomon Wilson	Father's Birthplace Maryland				
Mother's Maiden Name Nancy Pringle	Mother's Birthplace Maryland				
Name of person giving Information Jelomon Wilson	How related to deceased Brother				

CAUSES OF DEATH

154

How long

How long

Primary

age

immediate

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

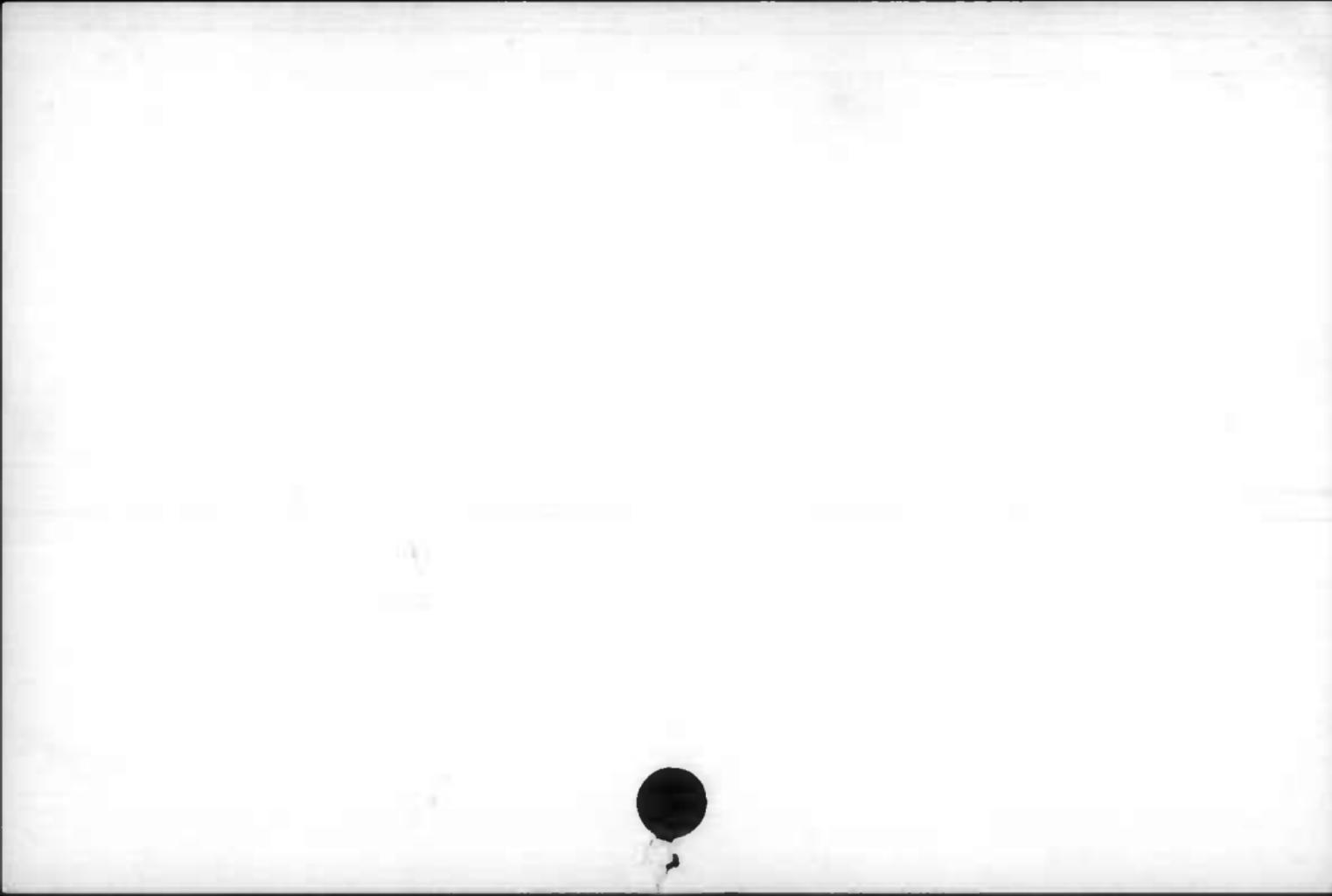
yes

Signature of Physician

Address

W.W. Gold, M.D.
Greensboro, N.C.

Accident or Suicide



Name
in
Full

Fannie Ellice Wise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Caroline	Months	Days
Date of death 1909	Month Dec	Day 22	Age 1
Sex Female	Color or Race white	Birth-place Va	
Occupation	Whara Residing if not at place of death Ridgey Md		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Rebecca
Mother's Maiden Name	Mary Isaac	Mother's Birthplace	Pennia
Name of person giving Information	Henry Wise	Father's Birthplace	Father

CAUSES OF DEATH

Primary

Measles

6

How long

1 week

Immediate

Rheumatism

How long

3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

